

By Putting Big Pharma's Patents before Patients, Doctors Will Further Erode Trust in Experts

By [Jonathan Cook](#)

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Theme: [Media Disinformation](#), [Science and Medicine](#)

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I have spent the past several years on my blog trying to highlight one thing above all others: that the institutions we were raised to regard as authoritative are undeserving of our blind trust.

It is not just that expert institutions have been captured wholesale by corporate elites over the past 40 years and that, as a result, knowledge, experience and expertise have been sidelined in favour of elite interests – though that is undoubtedly true. The problem runs deeper: these institutions were rarely as competent or as authoritative as we fondly remember them being. They always served elite interests.

What has changed most are our *perceptions* of institutions that were once beloved or trusted. It is we who have changed more than the institutions. That is because we now have far more sources – good and bad alike – than ever before against which we can judge the assertions of those who claim to speak with authority.

Hanging out together

Here is a [personal example](#). When I started work as an editor at the foreign section of the Guardian newspaper in the early 1990s, there were few ways, from the paper's London head office, to independently evaluate or scrutinise the presentation of events by any of our correspondents in their far-flung bureaus. All we could do was compare the copy they sent with that from other correspondents, either published in rival newspapers or available from two or three English-language wire services.

Even that safeguard is far less meaningful than it might sound to an outsider.

The correspondents for these various publications – whether based in Bangkok, Amman, Moscow, Havana or Washington – are a small group. Inevitably they each bring to their work a narrow range of mostly unconscious but almost [identical biases](#). They hang out together – like any other expat community – in the same bars, clubs and restaurants. Their children attend the same international schools, and their families socialise together at the weekends.

Similar pasts

Correspondents from these various newspapers also have [similar backgrounds](#). They have

received much the same privileged education, at private or grammar schools followed by Oxford or Cambridge, and as a result share largely the same set of values. They have followed almost identical career paths, and their reports are written chiefly to impress their editors and each other. They are appointed by a foreign editor who served a decade or two earlier in one of the same bureaus they now head, and he (for invariably it is a he) selected them because they reminded him of himself at their age.

The “local sources” quoted by these correspondents are drawn from the same small pool of local politicians, academics and policymakers – people the correspondents have agreed are the most authoritative and in a position to speak on behalf of the rest of the local population.

Nowhere in this chain of news selection, gathering, editing and production are there likely to be voices [questioning or challenging](#) the correspondents’ shared view of what constitutes “news”, or their shared interpretation and presentation of that news.

Working in the guild

This is not the news business as journalists themselves like to present it. They are not fearless, lone-wolf reporters pursuing exclusives and digging up dirt on the rich and powerful. They comprise something more akin to the guilds of old. Journalists are trained to see the world and write about it in near-identical terms.

The only reason the media “guild” looks far less credible than it did 20 or 30 years ago is because now we can often cut out the middleman – the correspondent himself. We can watch videos on Youtube of local events as they occur, or soon afterwards. We can hear directly from members of the local population who would never be given a platform in corporate media. We can read accounts from different types of journalists, including informed local ones, who would never be allowed to write for a corporate news outlet because they are not drawn from the narrow, carefully selected and trained group known as “foreign correspondents”.

My latest: A short video of settlers disrupting a family picnic may be the best field guide yet to Israel’s complex apartheid system of state-sponsored Jewish supremacy <https://t.co/5RqMrNbgwy>

— Jonathan Cook (@Jonathan_K_Cook) [February 17, 2021](#)

A partial picture

In this regard, let us consider my own area of specialist interest: Israel and Palestine. Jewish settlers in the West Bank have been beating up and shooting at Palestinian farmers trying to work their land or harvest their olives for more than half a century. It is one of the main practical means by which the settlers implement an ethnic cleansing policy designed to drive Palestinians off their farmland.

The settlers have thereby expanded their “municipal jurisdictions” to cover more than [40 per cent](#) of the West Bank, territory under Israeli occupation that was supposed to form the backbone of any future Palestinian state. This settler violence is part of the reason why Palestinian statehood looks impossible today.

But until a decade or so ago – when phone cameras meant that recorded visual evidence became commonplace and irrefutable – you would rarely have had a way to know about those attacks. Correspondents in Jerusalem had decided on your behalf that you did not need to know.

Maybe the correspondents refused to believe the accounts of Palestinians or preferred the explanations from Israeli officials that these were just anti-Israel lies motivated by antisemitism. Or maybe the correspondents thought these attacks were not important enough, or that without corroboration they themselves risked being accused of antisemitism.

Whatever the reason, the fact is they did not tell their readers. This absence of information meant, in turn, that when Palestinians retaliated – in acts that were much more likely to be reported by correspondents – it looked to readers back home as if Palestinian violence was unprovoked and irrational. Western coverage invariably bolstered racist stereotypes suggesting that Palestinians were innately violent or antisemitic, and that Israelis, even violent settlers, were always victims.

Unreliable experts

This problem is far from unique to journalism. There are similar issues with any of the professions – or guilds – that comprise and service today’s corporate establishment, whether it is the judiciary, politicians, the military, academics or non-profits. Those supposedly holding the establishment to account are usually deeply invested, whether it be financially or emotionally, in the establishment’s survival – either because they are part of that establishment or because they benefit from it.

And because these self-selecting “guilds” have long served as the public’s eyes and ears when we try to understand, assess and hold to account the corporate elites that rule over us, we necessarily have access only to partial, self-justifying, establishment-reinforcing information. As a result, we are likely to draw faulty conclusions about both the establishment itself and the guilds that prop up the establishment.

Very belatedly, we have come to understand how unreliable these experts – these guilds – are only because they no longer enjoy an exclusive right to narrate to us the world we inhabit. The backlash, of course, has not been long in coming. Using the pretext of “fake news”, these institutions are pushing back vigorously to shut down our access to different kinds of narration.

Plague of deficiency

All this is by way of a very long introduction to a follow-up post on an [article I wrote last week](#) about the failure of doctors to press governments to finance proper, large-scale studies on the treatment of hospitalised Covid patients with Vitamin D – an important immunological hormone created by sunlight on our skin.

My latest: Most politicians and doctors have ignored the amassing evidence of Vitamin D's dramatic effects on Covid hospital patients. Might it be because the vitamin is made in the mystical touch of sun on skin rather than by white-coated lab technicians? <https://t.co/gsh4xEOzd5>

— Jonathan Cook (@Jonathan_K_Cook) [February 15, 2021](#)

The role of Vitamin D on our general wellbeing and health has come under increasing scrutiny over the past two decades after it was discovered that it is the only vitamin for which there is a receptor in every cell in our body.

Long before Covid, researchers had begun to understand that Vitamin D's role in regulating our immune systems was chronically under-appreciated by most doctors. The medical profession was stuck in a paradigm from the 1950s in which Vitamin D's use related chiefly to bone health. As a consequence, today's recommended daily allowances – usually between 400IU and 800IU – were established long ago in accordance with the minimum needed for healthy bones rather than the maximum needed for a healthy immune system.

Today we know that many people in northern latitudes, especially the elderly, are deficient or severely deficient in Vitamin D, even those taking government-approved, low-level supplements. In fact, it would be true to say there is a global plague of Vitamin D deficiency, even in many sunny countries where people have lost the habit of spending time outdoors or shield themselves from the sun.

Question: How does the media spend 8 months spreading fake news about outdoor Covid dangers when research *at the time* showed it was nonsense?

The media makes money from our fear because it addicts us to news. A lesson here as the Covid story unfolds <https://t.co/IKK5JfiNNC>

— Jonathan Cook (@Jonathan_K_Cook) [February 19, 2021](#)

Denied a platform

The doctors and researchers who have been gradually piecing together the critically important role of Vitamin D are the medical equivalent of the dissident journalists who try to present a realistic picture of what goes on in Israel-Palestine.

Because Big Pharma can make no serious money from Vitamin D, researchers into the sun hormone have struggled to raise funds for their work and have mostly been denied corporate platforms from which to publicise the stunning findings they have made. Until recently, corporate medicine simply ignored most Vitamin D research, relegating it to the supposedly fringe science of “nutrition”, which is why most doctors know little or nothing about it.

With the outbreak of Covid, when these Vitamin D studies should finally have come into their own, researchers found themselves shunted further into the margins. Just as journalists, politicians and human rights groups trying to tell you real things about Israel get labelled antisemites, anyone trying to tell you real things about Vitamin D gets labelled a crank, conspiracy theorist or Covid denier.

The desperate need for Covid treatments has not led to intensified interest in Vitamin D among most doctors, even though it is very cheap, almost completely safe even in large doses, and has been shown to help in damping down immune over-reaction of exactly the kind killing Covid patients.

Irish doctors, like counterparts around the world, are banging their heads

against a wall of denial from the medical establishment, which continues to ignore mounting evidence suggesting Vit D has an important role to play in treating and preventing Covid <https://t.co/BtYFBBFT7P>

— Jonathan Cook (@Jonathan_K_Cook) [February 23, 2021](#)

Rather, the opportunity for Big Pharma to develop a magic bullet to treat Covid has led to an intensified campaign to discredit Vitamin D research.

Vitamin D minefield

In writing last week's article, I stepped into the Vitamin D minefield fully expecting to receive as much flak as I do when I report on Israel-Palestine. What I was not prepared for is that the flak would be much worse.

I won't rehearse the arguments I made in my earlier post. You can read it [here](#).

Contrary to the claims of some of those seeking to discredit my article, I didn't argue that Vitamin D is a proven cure for Covid. I argued in favour of three far more cautious positions that ought to be supported unequivocally by anyone concerned about the large and rising Covid death toll:

- that given the exceptionally promising results of studies into Vitamin D and Covid, it is criminally negligent for governments not to be funding further, large-scale research as a priority to confirm or reject those findings;
- that doctors, given their singular credibility on medical matters with the public, have a responsibility to lead that campaign of pressure on governments, especially when those same governments appear entirely beholden to Big Pharma.
- and that, given the minimal cost and complete safety of using Vitamin D on patients, it ought to be used on the precautionary principle until further research is carried out.

Governments off the hook

Instead lots of people, doctors included, did the exact opposite. They shifted the focus away from where it should be – on governments to fund proper research – on to a recent Barcelona study on Vitamin D that I had highlighted in my previous article. That research confirmed on a large scale dramatic and highly beneficial outcomes for hospitalised Covid patients.

Critics wanted to nitpick over flaws in the study's design. I received endless complaints that randomisation in the study was done by ward rather than by individual patient – a less satisfactory approach and one more likely to allow doctors in attendance to know who was being treated with Vitamin D and who wasn't.

Other critics were exercised by an anomaly: that in the Vitamin D group slightly more patients died than had been admitted to intensive care. Critics surmised that the doctors involved in the study had been influenced in their treatment protocols by knowing who was in the Vitamin D group.

It is not that these are groundless criticisms. Most studies have design flaws, especially poorly funded ones that are being carried out on the hoof in a hospital as its doctors struggle to avoid being overwhelmed with Covid patients.

The study's relatively minor flaws, however, do not invalidate its findings – after all, rigid adherence to double-blind protocols is unlikely to be a major factor in determining whether patients recover from Covid. Rather, those flaws underline the need to push for an even more robustly designed study, properly funded by governments, and the use in the meantime of Vitamin D in hospitals on the precautionary principle.

Study taken down

But there is another reason to be troubled by the chorus of criticism, much of it led by doctors, of the Barcelona research. The study was published as a pre-print by the Lancet, meaning it was awaiting peer review. This is standard practice for important studies to get them into the public domain and encourage debate. And yet after a campaign of pressure on the Lancet, the editors hurriedly took down the study. They effectively pre-empted the peer review process because of the noisy campaign against the study.

The double standards at play were all the more glaring because shortly after I published last week's post I was inundated with correspondents praising another new study on Vitamin D, this one carried out in Sao Paulo in Brazil. The findings were published in the prestigious Journal of the American Medical Association (JAMA).

There has been a huge lobby for Vitamin D in Covid. A new RCT shows no impact of high dose Vitamin D3 on moderate and severe disease outcomes.
<https://t.co/DBwqSNmfCg>

— Anthony Costello (@globalhlthtwit) [February 18, 2021](#)

It was soon apparent why this study had attracted so many cheerleaders, especially among the medical establishment. The Brazil study has been used specifically to discredit the Spanish study, suggesting that Vitamin D has no beneficial outcome for hospitalised Covid patients. Some 17 doctors and researchers were directly involved in the Brazil study, and additionally it passed the scrutiny of a handful of other medical experts who edit the Journal.

And yet despite the wealth of medical expertise involved, even I could work out that the study was worthless from the descriptions provided by doctors promoting it on social media. The major flaw in the Brazil study is so gross that anyone who knows *anything* about Vitamin D can spot it. The authors and the Journal's editors are apparently so ignorant about Vitamin D that they even reveal their error in the study title.

Why do doctors like this one drop all pretensions to critical thinking by cheerleading a deeply flawed study that rejects Vit D use in Covid? This study is **useless** because it used a form of Vit D that needs 2 weeks to activate in the body – too late for seriously ill patients <https://t.co/G9onU2DWFX>

— Jonathan Cook (@Jonathan_K_Cook) [February 19, 2021](#)

‘Medical insanity’

Of course, I don’t expect anyone to trust my assessment of a medical study into Vitamin D, so I will defer to an acknowledged medical expert on these matters, Dr Alex Vasquez, whose [video assessment](#) not only confirmed the major flaw in the study I had spotted but alerted me to a plethora of other serious failings. As he sighs his way through his presentation in growing exasperation, he intermittently describes the study as “garbage”, “stupid”, “unethical and “medical insanity”. He may be being too kind.

That the study is so bad suggests one of three logical possibilities:

- a) profound medical incompetence by a wide array of doctors;
- b) a conspiracy of some sort by these doctors to deceive their readers;
- c) or far more likely, a groupthink cultivated in these doctors by a lifetime of working in the service of corporate medicine that has left them ignorant, dismissive and unconsciously hostile to a supposed “nature cure” like Vitamin D.

Catastrophic flaws

I recommend you watch the whole 40 minutes of Dr Vasquez’s video to get a true sense of how outrageously bad this Brazil study is, even though it is published by the Journal of the American Medical Association and is being widely promoted by doctors, chiefly as a way to dismiss the more robust Spanish study.

But on the assumption you don’t watch it, here is a brief overview of the most catastrophic flaws in its design:

- The doctors gave patients a single dose, one that barely qualifies as a high dose despite the study description, that earlier research on Vitamin D, conducted four years ago, proved doesn’t work. In other words, they designed a study that was entirely unnecessary because the outcome was known beforehand. The research was a complete waste of everybody’s time and a betrayal of the patients who took part because nothing could be learnt from it.
- Even worse, the form of Vitamin D the researchers gave the patients needs 10 days to become available in their bodies, far too late to help these seriously ill patients in their battle against Covid. Another form, calcifediol, which is available for use by the immune system immediately, should have been given instead, as it was in the Spanish study.
- In addition, not only was the wrong form of Vitamin D given but it was administered to patients 11 days after the onset of their symptoms – a huge time lag that, as Dr Vasquez observes, would ensure that many established drug treatments – for illnesses such as influenza, for example – would be guaranteed to fail too.
- The combined delay in treatment and the delay in the Vitamin D becoming active meant the patients had to wait three weeks before their Covid was being treated in any meaningful way. But that was the point at which the study ended and an assessment was drawn about Vitamin D as an ineffective treatment.

Patents over patients

The wildly differing receptions these two studies have received should raise serious suspicions.

One, the Barcelona study, has flaws but none serious enough that its dramatic finding – a finding supported by other studies – should be discounted: that dosing with active Vitamin D is likely to offer significant benefits to hospitalised Covid patients. And yet this study is being nitpicked to death and has been pulled from publication by the Lancet as though it is a danger to public health.

Folks, we need to talk about this Vitamin D trial. I have no stake in this game – take Vitamin D if you want but this pre-print is super sus. (THREAD) <https://t.co/QZNp8kOXsv>

— F. Perry Wilson, MD MSCE (@fperrywilson) [February 14, 2021](#)

Meanwhile, a thoroughly worthless Brazil study, so bad even non-doctors like me can see what is wrong with it, is being lauded and promoted. It is attracting almost no criticism, no scrutiny by doctors apart from those who have been marginalised, and is being weaponised to discredit the far more serious Spanish study.

What we are seeing here is entirely unrelated to evidence-based medicine. Rather this is guild politics at its worst. Medical protectionism. It is a turf war. Describe it any way you wish. But this has nothing to do with medicine, public health, fighting Covid, or savings lives.

The very different treatment of these two studies suggests instead that the majority of doctors – like the majority of journalists, politicians and academics – have been captured by corporate interests. Whether they understand it or not, many doctors are in thrall to guild interests, defined by Big Pharma, that benefit not patients but patents and profits. Doctors have largely been trained into complicity with a medical money machine.

This is not just bad science. It is self-sabotage. As public trust wanes in all types of expertise and authority, widespread disenchantment fuels the rise of charlatans like Donald Trump, Boris Johnson and Jair Bolsonaro.

We long ago lost trust in journalists and politicians. Academia now appears cloistered and irrelevant, while judges all too readily flaunt their privilege. All seem divorced from the concerns of ordinary people.

With a pandemic raging, doctors should be uniquely favoured. Now is a time when they can prove that they at least are deserving of our trust, that they are fighting for our interests, not corporate interests. Instead they risk following these other professions into guild protectionism and disdain for those they took an oath to help.

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This essay first appeared on Jonathan Cook's blog: <https://www.jonathan-cook.net/blog/>

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